Would you like to see your brain?

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In neurology, we pride ourselves on the beauty and complexity of our field, but the double-edged sword is the difficulty of working and living in uncertainty and communicating that to the people whose lives are most affected by it. We ask a lot of our patients to trust our expertise to guide them through the unknown.

I try to earn that trust and not just expect it. It begins with a simple question: "Would you like to see your brain?" With the growth of neuropalliative care and increasing attention in neurology to effective communication with our patients, I have found a rewarding application in sharing my patients' neuroimaging with them. As the field moves toward earlier and broader use of imaging for diagnosis, we are unusually fortunate to have such tangible clinical data to guide our decisions; our patients deserve to be brought along for the journey to better understanding of their disease process. No matter how busy I am, if there's imaging that can be reviewed, I try to offer my patients the opportunity to see it.

It may be my bias as a visual learner myself, but nothing can provide immediate reassurance or understanding as a picture explained by a willing guide. Rather than handing them an interpretation and asking them to accept it, I can bring them along for my process of grasping what is going on. We are both metaphorically and physically on the same side, looking at the screen together. I can almost feel the realization as it sets in that *this* is them: their thoughts, their ideas, their fears, their feelings, their vision, pain and ability to move.

I think of all of these scenarios: a teenage parent overwhelmed with the tidal wave of information about their beautiful baby with multiple congenital abnormalities; a toddler with an incidental finding after a bump on the head at day care prompted a scan; a middle-aged woman stunned that the double vision that started a few days prior was because of a small stroke in just the right place in her brainstem. Then, the questions that emerge help me fine-tune my explanation to the audience as I think of the image of the brain. My responses are: "*We don't know yet… whether she'll be able to walk or talk; this does show us the structure, but she has so much room to develop with therapies. No, it wasn't anything you did wrong that caused this. Yes, there it is, right next to a group of nerves that control the eye muscles – that misalignment is why you're seeing double*."

Sometimes people decline to look at their scans. That's important information for me too. Anxiety, denial, neglect (in the neurologic sense, of course), or even just disinterest. Sometimes it's easier not to know too much. Other times, patients just want an explanation, something, anything that may help make sense of what is going on and anchor their thoughts on, and what it means for going back to work or school or just life. I honor that decision.

I'm grateful for the opportunity to review imaging with my patients—it reminds me never to take this work for granted. How fortunate we are to live in a time when we can understand our own brains to the extent we do. And how lucky I am to share that experience with people every day. Even though I do it many times a day, each moment remains nothing short of extraordinary.